

Joint Legislative Oversight Committee
on Health and Human Services
Medical Examiner Subcommittee

REVIEW OF RECENT LEGISLATIVE ACTIONS RELATED TO THE MEDICAL EXAMINER SYSTEM

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Medical Examiner Appointments

- * The Chief Medical Examiner appoints medical examiners for each county for a 3-year term. Historically, the General Statutes have required that these appointments be made from recommendations by county medical societies. If a county medical society failed to put forth any names, the Chief Medical Examiner was allowed to select and appoint any physician within the county licensed to practice medicine in this State. If no physician within the county was able to serve, the Chief Medical Examiner could select a physician from outside the county.

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Medical Examiner Appointments

- * G.S. 130A-382: In the event that no licensed physician accepted appointment, the 2007 North Carolina Legislature authorized the Chief Medical Examiner to appoint as acting county medical examiner a licensed physician assistant, a nurse, a coroner, or an individual who has taken an approved course of training. The acting county medical examiner would have all the duties and authority of the physician medical examiner, except for the authority to perform autopsies. (Section 4 of S.L. 2007-187)

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Medical Examiner Appointments

- * G.S. 130A-382: In 2014, the General Assembly changed the method of appointing medical examiners to free the Chief Medical Examiner from having to select from recommendations submitted by county medical societies, and instead directed that “preference” in appointing medical examiners be given to physicians licensed to practice medicine in this State. The new method of appointment still allows for the appointment of licensed physician assistants, nurse practitioners, nurses, coroners – and a new category of professionals -- emergency medical technician paramedics. (Section 12E.6(a) of S.L. 2014-100)

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Medical Examiner Jurisdiction

- * G.S. 130A-383: In 2008, the General Assembly expanded the jurisdiction of the Medical Examiner to include **cases of death occurring in State facilities under the jurisdiction of the DHHS Secretary** – e.g., psychiatric hospitals, developmental centers, alcohol and drug treatment centers, neuro-medical treatment centers and residential programs for children. (Section 2 of S.L. 2008-131)

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Medical Examiner Investigation/Report Fee Increase

- * G.S. 130A-387: The most recent increase in the amount of the fee paid by the State and counties to medical examiners for each investigation and report was nearly ten years ago, in August 2005, when the General Assembly increased the fee by \$25, **from \$75 to \$100**. (Section 1 of S.L. 2005-368)

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Autopsy Fee Increases

- * G.S. 130A-389: Effective August 1, 2013, the General Assembly approved a \$250 increase in the amount of the autopsy fee paid by the State and counties, bringing the fee **from \$1,000 to \$1,250** per autopsy report. (Section 12E.8 of S.L. 2013-360)
- * The last increase prior to 2013 was in January 1999, when the General Assembly increased the autopsy fee by \$600, **from \$400 to \$1,000**. (Section 29A.10 of S.L. 1998-212)

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Access to Controlled Substances Reporting System

- * G.S. 90-113.74: Five years ago, medical examiners were granted access to important data in the controlled substances reporting system to assist with investigating suspected drug-related deaths. (Section 2 of S.L. 2009-438)

Studies

- * The Program Evaluation Division has been directed to consider including in its 2014-2015 Work Plan a study on ways to improve North Carolina's Medical Examiner System. (Section 12E.5 of S.L. 2014-100)

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Studies

- * **DHHS has been directed to study and report to this Committee on or before November 1, 2014, on several of the areas set forth in the Committee Charge. Namely:**
 1. Adequacy of the current fee paid by the State and counties for death investigations and for autopsies, along with recommendations for any fee increase and supporting documentation for any recommended fee increase;
 2. Recommended categories of professionals that the Chief Medical Examiner may appoint as medical examiners;
 3. Recommended qualifications of, and training requirements for, medical examiners.

(Section 12E.6(b) of S.L. 2014-100)

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Studies

- * The Joint Legislative Oversight Committee on Justice and Public Safety and this Committee are to jointly study merging the North Carolina State Crime Laboratory and the Office of the State Medical Examiner into a single independent State agency and report their findings and recommendations to the 2015 General Assembly. (Section 17.3 of S.L. 2014-100)

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Recent Appropriations

- * **FY 2006-7: \$101,000,000 in debt financing was authorized** for the construction of a new facility to co-locate the State Public Health Lab and the Office of the Chief Medical Examiner. (Section 23.12(e) of S.L. 2006-66)
- * **FY 2009-10: This authorized debt financing was subsequently reduced to \$98,782,540** to reflect reduced costs of construction and to allow for the construction of other projects deemed necessary at the time. (Section 2(c) of S.L. 2009-209)

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Recent Appropriations

- * **FY 2012-13: \$1,155,666R** provided for new positions and additional operating costs that arose when the Office of the Chief Medical Examiner was physically relocated from Chapel Hill to Raleigh.

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Recent Appropriations

- * **FY 2014-15: \$1,000,000R** to the Office of the Chief Medical Examiner to address operational issues in the statewide medical examiner system. (This represents a 23% budget increase for OCME from \$4.4M to \$5.4M.)
- * DHHS is required to use a portion of these funds to establish a system of oversight to achieve operational efficiencies and improve quality assurance with respect to postmortem medicolegal examinations conducted under the authority of the Office of the Chief Medical Examiner. The oversight system must include development of uniform protocols for death investigations in accordance with established best practices. (Section 12E.6(c) of S.L. 2014-100)